

Signature of Applicant

United States Department of the Interior NATIONAL PARK SERVICE **BRYCE CANYON NATIONAL PARK** Highway 63, #1 Park Road PO Box 640201



Application for Permit to Scatter Cremation Ashes

Bryce, UT 84764-0201

Please provide the following information.

	Name of Deceased:
	Date Requested:
	Requested By:
	Relationship to Deceased:
	Address:
	Phone Number:
Condit	ions of Permit:
1.	Piracy Point is the only designated scattering site. There will be no scattering of human ashes in the main amphitheater.
2.	A copy of the Certificate of Cremated Human Remains must accompany this application.
3.	
4.	No teeth, bone fragments, or remnants recognizable as human remains may be scattered.
5.	The placement of any monument or marker recognizing the scattering of cremated human remains is prohibited.
6.	The scattering of human ashes by air is prohibited.
7.	No more than 30 participants may attend the ceremony.
8.	Prerecorded music or audio amplifying devices are prohibited.
9.	Ceremonies shall not interfere with normal visitor traffic.
	CFR 2.62(b), Bryce Canyon National Park and National Park Service policy. onal conditions may be added to the permit.
I have	read and will abide by the conditions stated in this request,

Once you have completed this form: Return this form by mail to: Special Park Uses Office Bryce Canyon National Park PO Box 640201 Bryce, UT 84764 Or fax to: 435-834-4777. Please call us at (435) 834-4761 if you have any questions or concerns.

Date